5: Sarkar D-5 (1948)1953 AZ2 Andamans AZ2

Blood Groups from the Andaman and Nicobar Islands

By

S. S. Sarkar

The following blood group data were collected during the months of February-April, 1948 in the course of a visit to Little Andaman, Long Island and Car Nicobar by a party under Dr B. S. Guha from the Department of Anthropology, of which the present writer was a member. The data grouped according to the different tribes are as follows :—

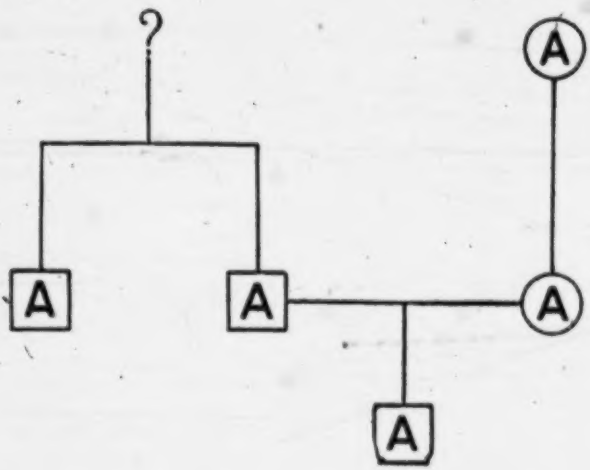
Onges

34 Onges, 19 males and 15 females, were grouped from the island of Little Andaman. They were collected from the settlements round about Bumila Creek, Dugong Creek and the village Tambebui on the N. E. part of the island. The blood group distribution is as follows :—

O	5	14·71%
A	23	67·65%
B	2	5·88%
AB	4	11·76%
	34	

The predominance of group A was already noticeable from Chaudhuri's (Gates, 1940) earlier study of 5 Onges, 3 of whom belonged to A and 1 each to Group O and B.

This will be also apparent from the following pedigree, where three generations show only A.



[p. 25]

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A 114 143 582

Owing to linguistic difficulties it was not possible to find out the relationships in the majority of cases. It is, however, evident that inbreeding must be very high in such a small, isolated and closed population.

Jarawas

A 114 143

Gates (1940, 1948) reported blood groups of the five Jarawas captured at Bluff Island in September, 1938. Of these five, the adult woman and her eldest son died at Port Blair during Japanese occupation. It appears that Chaudhuri did not group the blood of the 4th son born at Port Blair to the above captured woman, since that would have made the total number 6 (mother +4 sons + 1 unrelated girl) instead of 5. This boy (Pl. IX, Fig. 3) is now 13 years old and was found like his mother and brothers to be belonging to Group O. The blood samples of the other three children were found to be O. The children (Pl. IX) are now living in a Car Nicobar mission.

Andamanese

A 161 A 125 143

The Andamanese population has undergone very serious depletion. The total strength was estimated to be about 37 as compared with 90 of the census figure of 1931. Only 21 of these people could be tested from the islands of Havelock and Neil. Their blood groups are :—

O	2	9·52%
A	12	57·14%
B	5	23·81%
AB	2	9·52%
	21	

Nicobarese

N 361 125 164 143

The majority of the Nicobarese were grouped at the Car Nicobar island. A group of 15 people from Chaura and a patient suffering from infantile paralysis from Nankauri were included in the sample. All the 16 of the latter group belonged to Group O.

The Nicobarese blood group distribution is as follows :—

	O	A	B	AB	p	q	r	D/σ
	117	5	14	0				
%	86·03	3·68	10·29	..	·019	·054	·928	0·5

N 164

Car Nicobar was visited towards the decline of the infantile paralysis epidemic. There were only 24 patients in the hospital. A good number, however, of those who escaped death but were otherwise invalidated were examined.

N 734 125

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N 143 734 125

The blood group distribution of 39 such invalids is as follows :—

	O	A	B	AB	Total
	34	1	4	0	39
%	87·18	2·56	10·26	0	

When this is compared with the normal unaffected sample the following figure is obtained :—

	O	A	B	AB	Total
	83	4	10	0	97
%	85·57	4·12	10·31	0	

There is thus no significant difference between the affected and normal samples.

Negrito Affinities

A 144 143 ● A [582]

While nothing definite can be said of the Jarawas, the other two Negrito groups, the Onges and the Andamanese, show very high incidence of the blood group A. This is accompanied by a very low O in both the cases. In breeding in such isolated populations of small size is normally very high and this has possibly resulted in the dominant A mendelising over the recessive O. It appears that the Negritos, here and elsewhere, possess a high frequency of A with little B, which is probably due to intermixture. This will be apparent from the following table :—

	O	A	B	AB	Investigator
	%	%	%	%	
Negrito (Philippines) (297)	48·4	33·3	14·1	4·0	Grove
Bushmen (615) . .	56·1	29·6	7·5	6·8	Pijper
Onges (34) . . .	14·71	67·65	5·88	11·76	Author
Andamanese (22) . .	9·9	59·09	22·71	9·09	Author

Among the Andamanese proper, the half breeds form probably one half of the population and the high B of 22·72 per cent must be due to mixture with outside peoples. The Onges are more isolated than the Andamanese and it is difficult to account for the 5·88 per cent of B among them. The percentage of AB is also high enough to warrant the presence of more B.

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A 114 144 143 Gates (1948) is of opinion that: "The blood groups of Negritos and Australoids must have been very different then, as they are now, the former being high in B, the latter having A without B".

Earlier Negrito data from other sources, as also the results of this investigation, do not support the above contention. Both the Australoids and the Negritos have been found to be high in A. The Negrito peoples of the A 143 144 Andaman Islands, although they are now isolated in the different islands, probably all belong to the same ethnic stock and when their blood group data are pooled together the following percentages are obtained :—

		O	A	B	AB	Total
Total . . .		13	36	7	6	62
Negritos*(Andaman Islands) . .	%	20·97	58·07	11·29	9·67	

A [162] The total number of 62 consists of 34 Onges from Little Andaman, 22 Andamanese, 6 Jarawas. When the 22 Andamanese, who are definitely known to be mixed, are exempted from the above total, the position is as follows :—

O	A	B	AB	Total
11	23	2	4	40
% 27·50	57·50	5·00	10·00	

It thus appears that more than half the Negrito population belong to group A and their similarity with the Australians in this respect, associated with the enormous differences in physical features between the two, still remains to be satisfactorily explained.

Nicobarese Blood Groups

N 144 193 [174] 000 The Nicobarese blood groups present a picture so far unknown to S.-E. Asia. The high frequency of O is characteristic of the American Indians. The Nicobarese are believed to have migrated into their present habitat from Lower Burma. Little is known of blood group distribution from Burma. Mollison and Reddy (1946) have published a set of data from 229 peoples, comprising 155 pure Burmans, 57 Karens, 13 Chins and 4 Kachins. They show the following blood group distribution :—

O	A	B	AB
36·2	26·2	29·7	7·9

* Chaudhuri's sample of 5 Onges (Gates, 1940) could not be combined with the present author's sample lest the same person is included in both the data. There are chances of such duplication in small populations as such.

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Maori OZ4

The Nicobarese values thus differ widely from the above. It will not be out of place here to mention of Eickstedt's samples from Upper Burma (Steffan, 1932) which gives 60% of O and 40% of B and stands somewhat closer to the Nicobarese data than the above figures of Mollison and Reddy.

In spite of the close cultural affinities of the Nicobarese with those of Malaya and Indo-China, in respect of their aversion to milk, the outrigger canoe, artificial deformation of head, the Malayan form of sniffing cheeks (Malay kiss), etc., the Nicobarese have so far remained ignorant of agriculture. It appears, therefore, that the Nicobarese migrated from a habitat where agriculture was unknown and it is among such peoples that their close congeners could be found.

Negritos, Australians and Polynesians

The above three ethnic stocks, though widely varying in physical features have in common the high element of blood group A. It remains to be seen how they stand in respect of the sub-groups of A and the MN factors. So far only the Australians have been subjected to the study of MN factors (Birdsell and Boyd, 1940).

The similarity of the above three peoples in respect of the blood groups was pointed out to some extent by Howells (1934) and as such Gates' statement (p. 28) is probably unjustified. The percentages of B come to 14·1 in the case of Negritos of the Philippines (Grove, 1926), to 5·00 in the case of those from the Andaman Islands and to 2·2 in the case of the Hawaiians* (Nigg, 1930). Samoa with its fairly large content of B of 19·4% (Shapiro, 1940) is already a problem. The paucity of B among the Australians is already well-known. All these appear to show that B is a later instrusion in this area and A was predominant among the Negritos and the Australoids as it is now. The Polynesian movements began towards the dawn of Christian era from Indonesia when B did not probably reach there. This might have influenced the Nicobarese as well and the 3·68% of A may be Polynesian in origin.

* Time is ripe enough for discarding Phillips Maori data by now (see Shapiro, Howells, Graydon and Simmons, and Godley). They are compared with the recent data below:—

O	A	B	AB	
47·5%	39·5%	1·0%	12·0%	(Phillips, 1931 n=200)
41·2%	58·1%	0·7%	0	(Graydon & Simmons, 1945 ; n=267)
45·26%	48·74%	4·07%	1·91%	(Godley, 1946-47 ; n=835)
44·27%	52·96%	1·57%	1·20%	(Paddock, 1946 ; n=1335)

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Maori OZ4

It will be thus futile to argue that the Negritos, who by race and culture, appear undoubtedly to be the oldest inhabitants of this area, were strong in B, unless we assume that B is lost. At least that will be similar to the supposition of Phillips who contented that the Morioris, the ancestor of the present Maoris, belonged to group B.

Summary

(1) 34 Onges grouped from the island of Little Andaman show the following distribution :—

O—14·71%, A—67·65%, B—5·88% and AB—11·76%.

(2) 22 Andamanese show the following distribution :—

O—9·09%, A—59·09%, B—22·72% and AB—9·09%.

(3) 4 Jarawa children were all found to belong to group O.

(4) 136 Nicobarese belong to the following groups :—

O—86·03%, A—3·68%, B—10·29%.

(5) Negrito affinities are discussed. Nicobarese blood groups show the highest O in India and Indonesia. Polynesian elements are probably evidenced by the presence of A.

(6) The Negritos, the Australians and the Polynesians all have high A and the B as seen in Samoa or Melanesia probably reached these islands after the Polynesian movements began in the dawn of Christian era.

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6: Cipriani E-5 (1951-1953)1961 AZ2 Andamans AZ2
Onge

841 resembling these practices in any other part of the world. Never hitherto
171 described, they should be carefully considered. This would require a lengthy description, for which there is no space here. We may recall that menstruating Onge women are allowed to circulate freely at all times. An interesting detail
[751] is that the *naquinēghē* of first menstruations are worn by relations around their neck as having health-giving properties. The women, as we know, use special
841 soft, long leaves, collected for them by their husbands, as absorbents. They
[824] are the leaves of Myristica longifolia or of Tretanthera lanceofolia both species serving the purpose. They are applied under the *naquinēghē* and drawn back
[834] between the legs to be secured above the buttocks. – Sexual intercourse is
[753] forbidden during the menstrual period even by the Onge : illness – a swelling of the arms or legs – would follow. A curious theory about the reason for menstruation in very young girls is that it is a result of previous sexual contacts
892 stimulated by nose rubbing – the Onge substitute for kissing. They ignore the unhygienic practice of kissing with the lips, and never even kiss their children. Only nose rubbing is practiced. The anatomical structure of the Onge nose, which almost totally lacks nasal bones and is very fleshy, may explain this transference of sensation from nearby regions, i. e. the lips.

844 Births take place in the forest and are surrounded by no hygienic precautions or disinfection as conceived by us. Clay is applied to stem puerperal bleeding, without provoking infection. The only assistant is the pregnant woman's husband, and sometimes one or two old women. Their ability equals that of a herdsman delivering his goat of a kid. No inconvenience arises, in either instance, from lack of precautions. – The tiny, tender and graceful bodies
[751] of Onge infants are smeared with ochre and light-coloured clay for hygienic purposes. This is done immediately after birth, and affords some protection against the teeming legions of mosquitos and ticks that plague Little Andaman. The infant is never washed in water, not even at the very moment of birth. The placenta is buried 30 or 40 cms deep, under the bed of naked branches upon which the mother delivered her baby.

842 An argument that deserves much attention concerns the possible link
● 143 between lack of hygiene and sterility among the Onge. A vast number of married couples have no offspring, thereby threatening their group with extinction. Consanguinity could be given as a cause : let us examine it. No doubt the Onge are related to each other as a consequence of long interbreeding in their island with no foreigners admitted. These conditions afford an ideal field for studying the effects of endogamy on man. Nowhere in the world, as far as I know, are a people so isolated as in Little Andaman. Inbreeding has existed at 100 % ever since remote times. In other words, the Onge would seem to be the most highly inbred human population known up to the present. Could this fact alone, aside from unhealthy habits, explain their present widespread sterility ? Special
174 studies on the subject should be undertaken, keeping in mind that the Onge have certainly inhabited Little Andaman for thousands of years, on the evidence of my excavations in their kitchen-middens.

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Onge

164 do they suffer from the eye infections that are so common in the tropics. Their
151 highly trained eye can distinguish at a great distance small vessels on the troubled waters of the sea that people with normal eyesight could not perceive without a telescope. Normal vision, I suppose, is the same for the entire human
123 race ; but we exercise our eyesight less. In the dark fastness of the jungle, the
151 Onge were able to point out birds sitting motionless high up in the trees, quite invisible to me notwithstanding my experience in collecting even the tiniest specimens. With their sharp eyes they sought out for me a collection of minute mimetic amphibians living far from the ground on tree trunks, previously unknown to science. The same thing often happened when I was unable to see as far as they did. The help of my savage friends was invaluable in avoiding the poisonous snakes that we met with daily in our camps or while travelling. For our protection, the Onge always marched in front of my men. They could discern reptiles hanging from branches among thick foliage, waiting to bite us on the neck, or lying perfectly still in the tall grass, ready to attack our legs. The only trouble we had with snakes was when the men I had brought from India, in moments of enthusiasm ran ahead into the interior of the jungle, eluding their Onge vanguard.

752 The Onge themselves, however, are sometimes bitten by snakes, with
123 dire consequences. Happily the Andamanese snakes are less deadly than the
[136] same species on the continent, and few deaths occur from snake bite ; but it can curtail a man's activity for several months. In March 1953 an Onge friend
[222] of about 25 who had climbed a tall tree to collect honey, inadvertently seized with his left hand a snake concealed in a tuft of creepers, and was bitten above the elbow. Frightful swelling ensued, together with shooting pains and a raging fever. The man was brought to me unconscious, his left arm had already assumed the appearance of a huge, rigid, elongated sausage. The Onge had smeared all his body, and particularly the wounded arm, with ochre mixed with honey, turtle fat and rough clay. They have no specific remedy for snake bite. It was too late, but in an attempt to save the patient an antiophidic injection was practiced on him. Within a few hours he appeared to rally. I saw him again after eleven days ; his arm had been treated in the Onge way and put in a sling made of ficus bark cut into narrow strips. Fever had disappeared, and in part also the swelling, so he could move his elbow a little. The skin peeled off the whole length of the arm. Where the fangs had entered the flesh two round, red, suppurating wounds, 1 cm in diameter, were discernible under a layer of clay and honey. The man recovered in about two months. During his
476 illness the people who shared his communal hut exempted him, his wife and his children from all work, and supplied them with all requirements. This occurs in every case of illness, showing the complete solidarity that prevails among those simple people – once considered ferocious. Always, if the wife is ill, the husband is automatically relieved of his hunting, fishing and food-collecting duties. Friends provide food for the family, no matter how many the members thereof.

164 In Little Andaman, we Europeans are constantly threatened with mala-
● 143 ria. Should we fail to take all necessary precautions we would catch it upon setting foot on the island. The Onge are all infected, but it does not upset

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Onge

them ; neither children nor adults have dilated spleens. Inhabitants of other regions where malaria incidence is high often show the same immunity, supposedly attained through local adaptation. Papuasians, Melanesians and Africans sometimes appear insensitive to malaria, although they all carry the germs of the disease. In opposition to their resistance to malaria, the Onge are vulnerable to minor lung infections and measles, which we would not consider serious.

When fever occurs, whatever the cause, the Onge recur to their universal remedy : plastering the entire body with clay, ochre, turtle fat and honey. Legs, arms and trunk are swaddled in tight bandages made of strips of ficus bark. These bandages hinder superficial blood circulation. The strips are removed from time to time and replaced after vigorous massaging of the body with hands and feet. Stomach and chest pains, as well as insistent coughing, are treated by stretching the patient horizontally on the ground and rubbing him energetically with hands and feet. The feet compress the body, with special attention to the affected part. The entire trunk is worked over in this manner, inch by inch, and the patient is carefully rotated until he has been completely turned around to receive treatment on all sides. This process lasts half an hour or more. It is a curious sight to see a man transformed into a kind of sausage, all tied up in strings and subjected to violent treatment on the bare ground, with a crowd of spectators surrounding him, obviously taking the whole performance quite seriously. The result is kill or cure ; the former helped, I should say, by rough treatment performed with the best intentions.

Exposure to hot smoke is another Onge cure for wounds and pains. I saw it applied, for instance, on Nabimbōi, the fat young wife of Maritōi, chief of Chemalē. She had scorched her right foot by stepping inadvertently on smouldering ashes. The pain made it impossible for her to sleep, so she was treated by covering the burn with the usual mixture of clay, turtle fat and honey, and exposing it to hot smoke. The smoke was provided by burning the fresh seeds of a creeper, each as big as a horse-chestnut and of the same colour, but of a lenticular shape. Incisions are made in the seeds to prevent explosion, and they are laid on the fire where they give out a thick smoke. The injured foot was held as close to the fire as possible. Recovery promptly ensued, but I would not swear that it was due to the treatment.

Fire is used by the Onge also against fever, whatever its cause. I shall quote an instance. On the night of 28 March, 1954, one of my guides, Toncootēi, a very intelligent Onge, suffered a strong attack of fever while resting in the Antiguēh communal hut in the interior of the island. I diagnosed the trouble as indigestion from immoderate guzzling of pork meat. Friends stretched Toncootēi on the ground, resting on his right side. Two lines of burning charcoal, set at right angles, outlined his back and head. Then one of the Onge started spitting on Toncootēi's hair. This was followed by vigorous rubbing of his scalp, with occasional pauses to seize his head and press it strongly with both hands. Following this, diluted ochre and clay – very hot – was spread on his thorax, throat and neck and rubbed in vigorously, whereupon the patient was brought closer to the fire. In the meantime a young fellow

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Onges

the finger-tips and almost pink, with pale chocolate moons and yellowish-brown palms and soles. In the adults the nails and soles of the feet remain pale, the palms being a little darker. The head, and the visible buccal and nasal epithelia, were almost black, and the gums were pink, as was the inside of the lips, with dark petechiae, in adults very noticeable, at the base of the teeth and over the tongue and palate. The cheeks, however, were a reddish-brown, although the whole skin was already showing signs of darkening after twelve hours. Nasal cartilage was minimal, but that of the ears well-developed. The darkest area of skin were the forehead, eye sockets, lids, nipples and genitalia.

In general, therefore, the infant's skin was very slightly lighter than that of the adults, though before I could be sure of this I had to wash off the thick layer of ochre which is smeared over the unwashed infants immediately after birth. As the infants are extremely carefully protected from the sun by 'umbrella' hats made of lobed palm leaves, the darkening, which is complete by the end of the first year, is clearly biological and is not effected by tanning. As, however, the Onges interchange or 'adopt' children freely, it was impossible to carry out any proper colorimetric observations.

I saw no albinos in the Onges, usually fairly common in dark-skinned peoples. I saw several in Africa, with apparently normal parents. Some African peoples destroy albinos at birth as they do those with deformities, and the Andamanese may do the same, as I saw little congenital deformity (see, however, p. 46). Fear of being held responsible for disasters which befall the group carries great weight, and it is possible that the two cases of abnormality which I did see did not manifest symptoms at birth. Twins, however, are clearly (and gladly) accepted, so eager are the Onges to have children.

It was already clear in the infant that it would have the somatic characteristics common to all Negritos as regards the proportions of the body, the form and dimensions of the head, absence of prognathism, comparatively fine lips, nose and ears, black skin, and woolly hair, and would be well below 1·5 metres in height when fully grown. Above all, the Andamanese have a large forehead, very wide-angled jaw and large mouths, with the upper lips not invariably full, as in Negroes. Many Onges, in fact, have fine features,

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Onges

Many Onges, in fact, have fine features,
and some of the women have a certain beauty and grace of movement, with a dignified walk and restrained gestures, despite their utter lack of any sense of shame. The sclera are very white, and the highly characteristic contrast between the intense black of the skin and the startling white of the eyes gives the Andamanese a ferocious appearance, which on smiling turns into a curiously childish expression (see further, p. 19). It is a curious fact that although the Onges have remarkable sight (p. 47), few of them can close each eye separately, although they are all completely ambidextrous.

In examining the child I had particularly in mind the very short stature of the pygmies both of Asia and Africa, which is regarded by some as pathological. The Andamanese have been described as Negroes who have degenerated through genetical isolation. This theory holds that they are descended from slaves who fled from the Portuguese after a shipwreck. I do not regard this as tenable. Pygmies in general, and the Andamanese in particular, are well-proportioned and physically outwardly normal. One cannot speak of dwarfism as determining their characteristics: this implies abnormal development as the result of hypophyseal disorder or thyroid imbalance. Cases of achondroplastic dwarfism are known among the pygmies of Africa, particularly where there has been mixing with Negroes, and these patients are sometimes taller than their normal kinfolk, but I found no cases among the pygmies of Asia.

One characteristic of the Bushmen which does occur among the Andamanese is steatopigia in both males and females. This is normally much more prevalent in females, and indeed before my visit to the Andamans von Eickstedt held that it was non-existent in males. I had always disagreed with this view, and was able to verify its occurrence in both males and females.

Dobson in the nineteenth century recorded in the *Journal of the Royal Anthropological Institute* of London, the unusual appearance of the buttocks in the Andamanese, although he did not specifically refer to the phenomenon as steatopygia, and went only so far as to suppose it the result of an unusual accumulation of fat in the gluteal area. To him, however, must go the credit for the first observation.

His observation led scientists – in my view wrongly – to compare the Andamanese with the Bushmen. The presence of steatopygia,

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842 163 enjoy the active marital relationships necessary, according to their husbands, to encourage the entry of the benevolent spirits which bring motherhood. The late onset of fertility in all Andamanese 842 163 165 women and perhaps in men as well[1] probably depends on mechanisms which have been operating for a very long time, affecting the sex ratio at birth, and preferential infant mortality in one sex. [123] [124] By a combination of observation and deduction I was able to be reasonably certain that among the Onges at least more males are born than females. The disparity is reduced, though not eliminated, by a higher mortality rate in young males. Males thus remain in excess, making it difficult for some, possibly fertile, to find wives.

842 143 161 There are certain peoples – notably the Pitcairn Islanders – who have arisen by repeated inbreeding for hundreds of years from a very few individuals. It is clear from this example that genetic isolation and inbreeding cannot of themselves cause numerical, physical or mental decline of a population. The problem merits further investigation. Civilization has perhaps accused herself unjustly of causing the decline of primitive races, whereas she has in fact only hastened the disappearance of groups already heading for demographic decadence as the result of physiological factors which lie within the group itself, and which are consequently difficult to counteract. The intrinsic damage done by civilization as such has, in my opinion, been considerably exaggerated in some quarters.

855 853 597 Possibly because of the low birth rate the maternal instinct is very highly developed in the women of the Andamans, even to the point of 'adopting' children temporarily. These children are always given lavish affection, and are kept sometimes for years, or even permanently if the parents do not ask for them back. Given the language barrier, this custom makes census-taking difficult as childless couples happily declare adopted children as their own. Nabimbòi, with no children of her own, always had children with her, and it was only the fact that they differed from year to year that led me to suspect what was happening! One wonders whether the custom was not already common before outsiders first came to the Andamans, owing to the existence of a high incidence of sterility long before the arrival of civilization.

[1] There is some evidence of infertility in the men, but it is clear that this is of relatively minor importance.